





UNCONTROLLED WASTE SITES AIR & HAZARODUS MATERIALS DIV.

JUN 1 1981

Texas Instruments

INCORPORATED

MATERIALS & ELECTRICAL PRODUCTS GROUP

May 26, 1981

SDMS DocID

U.S. EPA Region 1 Sites Notification Boston, Massachusetts 02203

Dear Sir:

Please find enclosed our notification form for Hazardous Waste Sites. As is explained on the form, this area has now been stabilized and shows no threat to the environment.

If you have any questions, please contact me at (617) 699-1804.

Sincerely,

Francis J. Weale, Jr.

Manager of Environmental Controls

FJV/els

Enclosure

Bob Mossman cc:

Gil Perkins

Bill George

Bob Murrill, TI Dallas Tom Burkhalter, TI Dallas Herb Belknap, TI Dallas

John Teets, TI Dallas





United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item

	be mailed by June 9, 1981.	na must	wnich app	lies.						
				8	05 20	<u> </u>		Nec	Б .	
A	Person Required to Notify: Enter the name and address of the person or organization required to notify.		Name Texas Instruments Incorporated							
			Name				reorpe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>-</u>	
			Street		rest Stre	et				
	· -	City	Attle	boro		State	MA	Zip Code	02703	
В	Site Location: Enter the common name (if known) and actual location of the site. MAD 007325814			Ahan		J T_				
			Name of Site Abandoned Sludge Lagoons 34 Forest Street, South of BLDG, 12							
			Street	34 F	orest Str	eet,	South	OF	RLDG.	12
M			city Att	1eboro	- County B	ristol	State	MA	Zip Code	02703
C	Person to Contact:				Veale, F	Francis	· т	Envi	ronmar	atal Eng
	Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.					Tancis	, ,,	THE V.T.	Mat	lager
			Phone (6	17) 69	9-1804					
E	Dates of Waste Handling:			· -		· · · · · · · · · · · · · · · · · · ·				
	Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.		From (Year)	1972	To (Year)	1976	5			
	Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category. 1. □ Organics 2. □ Inorganics 3. □ Solvents 4. □ Pesticides 5. ☒ Heavy metals 6. □ Acids 7. □ Bases 8. □ PCBs 9. □ Mixed Municipal Waste 10. □ Unknown	x in the appointment of the second of the se	ng Indry Ieral ing	listed in the appropriate the list of h	regulation four-digit azardous v	egulations unde ur-digit number ardous wastes a EPA Region se		3001 of exes prov can be	ided. A copy o obtained by	
	11. Other (Specify)	11. □ Ele 12. □ Tra 13. □ Uti 14. □ Sa 15. □ Ph 16. □ La 17. □ Ur	ectrical Conc ansformers ility Compar initary/Refu iotofinish b/Hospital	ductors nies se						

Form Approved OMB No. 2000-0138 EPA Form 8900-1

	Notification of Hazardous Wast	Side Two	Land State of the						
F	Waste Quantity:	Facility Type	otal Facility Wast	e Amount					
	Place an X in the appropriate boxes to indicate the facility types found at the site.	□ Piles □ Land Treatment	cubic feet 9,000 ft. C						
	In the "total facility waste amount" space	3. Landfill	gallons	* 18 () * (
	give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.	4. ☐ Tanks5. ☐ Impoundment	Total Facility Area square feet 64,80	00 ft 2					
	In the "total facility area" space, give the estimated area size which the facilities	6. ☐ Underground Injection 7. ☐ Drums, Above Ground	acres						
	occupy using square feet or acres.	8. Drums, Below Ground 9. Other (Specify)							
G	Known, Suspected or Likely Releases to the Environment:								
	Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.								
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.								
Н	Sketch Map of Site Location: (Option	al)		. ,					
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate		**************************************						
	the site location. Draw an arrow showing the direction north. You may substitute a								
	publishing map showing the site location.	SEE ATTACHMENT A							
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			. •						
	-	•							
				4 4 4					
		,							
<u> </u>	Description of Site: (Optional)			· · · · · · · · · · · · · · · · · · ·					
	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.	These lagoons have been followed by 1' of clay, All work was done with f DEQE and Region I EPA.	21 fill, loam ull approval	dandagraging. of Mass.					
	may hop asserbe the site sentations.	An indepth study was recently completed by Texas Instruments Incorporated Environmental Engineering and Weston Consultants. By means of ground penetrating electromagnetic radiation, leachate							
		tests and ground H2O monitoring it was determined no threat to the environment exists. Texas Instruments Incorporated will continue to monitor this area.							
	•								
_	Signature and Title								
J	Signature and Title: The person or authorized representative (such as plant managers, superintendents,	Name WILLIAM I. GEORGE	Vice President - Owner, Present - Owner, Past - Transporter						
	trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address	Street 34 Forest Street MS							
	in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to petitive fixed are not required.	City Attleboro State MA	☐ Operator, Present☐ Operator, Past☐ Other☐						
	required to notify. If you are not required to notify check "Other".		Date 5-19-8/						

T.I. ATTLEBORO

